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CHILD PSYCHOLOGY AND PSYCHIATRY

AND ALLIED DISCIPLINES

1960–1992

Volumes 1–33

CUMULATIVE CONTENTS AND AUTHOR INDEX

Compiled by

D. V. M. BISHOP

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THE JOURNAL OF

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AND ALLIED DISCIPLINES

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Introduction

In the age of information technology, with numerous versions of CD Rom scientific databases, it is appropriate to ask whether there is still a need for a printed index, particularly one that is so selective in its coverage. I hope that readers will agree that this index does serve a useful function, not only in guiding them to articles of interest that would otherwise have been overlooked, but also in giving a long-term view of how child psychology and psychiatry have developed since 1960. One reason why I embarked on preparing this index was that, as incoming editor, I wanted to become better acquainted with JCPP, its subject matter and its contributors. I had expected that the greatest interest would lie in the papers published over the past 10 years, and that while earlier volumes of the journal might be of historical importance, they would not teach me a great deal. This proved to be quite mistaken. Frequently, I became absorbed in a paper written in the 1960s or 70s; often these were papers that had been entirely forgotten, perhaps because their message was ahead of its time. I will be well satisfied if publication of this index results in rediscovery of a handful of papers whose neglect is ill-deserved.

In addition, I have been intrigued to see how research trends in child psychology and psychiatry have changed over time. Changes in the field can pose major problems for the indexer; how, for instance, does one categorize a paper dealing with "maladjusted children" or "minimal brain damage"? Should such categories be retained as headings, or should the indexer attempt to relate outmoded classifications to current ideas? I felt it would be useful to the readers of the index to have their attention drawn to papers that might be relevant to contemporary conceptualizations of disorders and which would be missed if classified under the author's terminology. However, a thoroughly up-to-date nosology would be unworkable, as too many papers would defy classification. The solution adopted here is something of a compromise; the main codings reflect concepts and categories that were current in the late 1980s; wherever possible, early papers are coded according to these categories, even if different terminology was used by the original authors. Thus several early papers on "childhood schizophrenia" are listed under autism, even though this runs the risk that the children in question might not meet DSM-III-R criteria for autistic disorder. However, although papers are classified into fairly up-to-date categories, the original terminology is typically retained in the individual index entries.

Psychiatric disorders pose well-known nosological problems, and this is particularly true in the field of child psychiatry, where despite the best efforts of the classifiers, children do not fit neatly into mutually exclusive categories. Where possible, this problem is dealt with by cross-referencing rather than by multiple entries of the same material. For instance, separate listings are given for attention deficit disorder and hyperactivity, but it is recognised that many papers could validly be classified under either, especially when the diagnosis is attention deficit disorder with hyperactivity (ADDH). The reader is therefore recommended to consult both listings to ensure that all relevant material is found.

The subject index itself is detailed enough that one should be able to tell whether a particular paper is relevant to one's interests; the full title and reference can then be retrieved from the alphabetical author listing at the end of the index. In addition to this fine-grained coding of papers, a much coarser classification was also used in order to look at publication trends, with each article being coded

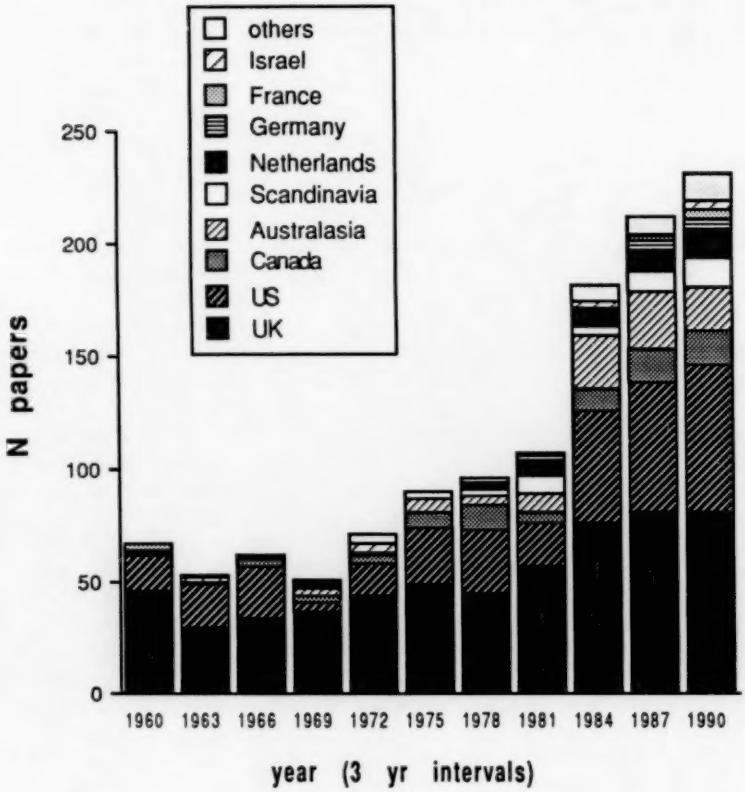

Figure 1: number of papers published in JCPP by country of origin

according to the country of origin; the population and topic studied and the type of study. For all codings, each paper was forced into one of a set of mutually exclusive categories. E.g. if the authors included individuals from both Canada and the USA, the country of origin would be coded according to the first author. Although this procedure introduces some inaccuracy into the data, cases where more than one code applied were relatively rare, and so this should not have any important influence on the overall trends. To give smooth figures, data are summed across 3-year intervals in the figures and tables depicting historical trends, with the label denoting the starting year.

Categorization by country of origin

Figure 1 shows the number of papers published in each 3-year interval according to the country of origin. The most striking point to note from this figure is that between 1960 and 1992 JCPP has moved from being a British journal which attracted some American papers to being an international journal. Particularly noteworthy are the growing contributions from Australasia, the Netherlands and Scandinavia over the past 10 years. The category of "other" includes Africa, India, Japan, the West Indies and European countries other than those coded separately. The relatively shallow growth in volume of British papers is a source of some concern. While it is possible that increasing numbers of British authors may be choosing to publish their work in alternative outlets, this seems unlikely in view of the fact that, for the period covered by this survey, the number of journals specialising in child psychology and psychiatry was limited, and such alternatives as did exist (e.g. Journal of the American Academy of Child and Adolescent Psychiatry; Journal of Abnormal Child Psychology) published predominantly North American material. It seems likely that slow growth of British studies in comparison with other countries is a reflection of a general trend which has been commented on elsewhere (e.g. Irvine, Martin, Peacock & Turner, 1985).

Categorization by population

Table 1 shows numbers of papers categorised according to the population under study. The category of *general child psychiatry* was used for studies that considered the whole gamut of psychopathology, without concentrating on any one or two disorders in particular. *Behaviour disorders* was used for papers dealing with common behaviour problems seen in young children, which would seem not severe enough to merit the label of psychiatric disorder. The next set of categories was used to code papers that selected a population on the basis of disorder, and most are self-explanatory. The category of *autism* included studies dealing with Asperger's syndrome, and early studies of "psychotic" or "schizophrenic" children, where the description of subjects suggested a pervasive developmental disorder rather than schizophrenia manifesting in childhood. *Conduct disorder* was coded where the description of subjects suggested the predominant problem was an externalising disorder - this included papers dealing with delinquency, "refractory behaviour" and many (but not all) accounts of "maladjusted" children. The category of *emotional disorder* encompassed

internalising disorders, anxiety disorder, fearfulness, and shyness. *Somatic complaints* included problems such as stomach aches and headaches. A further set of categories was used for papers dealing with risk factors for psychological disorder or learning difficulties. *Neurological damage* included conditions such as epilepsy and head injury, as well as studies of children who had undergone perinatal hazards that carried a risk of brain injury. *Physical/sensory handicap* included papers concerned with hearing impairment and visual impairment as well as physical handicaps. *Physical illness* covered papers dealing with psychological consequences of conditions such as diabetes, heart disease, etc. *Atypical psychosocial* was a broad category that encompassed all papers where

Table 1. Numbers of papers on given population, in 3 year periods

	1960	1963	1966	1969	1972	1975	1978	1981	1984	1987	1990
general											
normal development	13	14	15	15	24	31	24	28	39	48	49
general child psychiat.	15	12	7	10	8	9	7	9	19	24	31
behaviour disorders	3	1	1	0	1	5	1	0	4	1	2
specific conditions											
mental handicap	5	1	4	1	6	3	6	8	7	6	11
specific learning dis.	3	2	4	1	0	3	4	13	12	14	9
ADDH	0	0	2	3	3	5	10	7	15	16	23
autism	4	4	10	3	4	6	12	4	11	30	32
conduct disorder	2	2	6	3	4	5	2	4	14	8	8
emotional disorder	7	5	4	5	3	2	2	1	3	2	0
somatic complaints	0	1	0	0	0	0	0	0	2	2	2
schizophrenia	0	0	0	0	1	0	0	1	3	5	2
affective disorders	1	0	0	1	2	1	1	4	3	14	5
obsessive/compulsive	2	1	0	0	0	0	1	0	4	0	5
eat/sleep/enuresis	2	1	2	0	0	3	1	3	7	3	6
drug abuse	0	0	0	0	0	1	1	2	1	1	2
risk factors											
neurological damage	4	1	1	0	0	1	2	8	4	6	6
physical/sensory h'cap	0	2	0	3	2	4	0	4	6	3	3
physical illness	0	1	0	1	0	2	2	1	6	9	7
atypical psychosocial	4	3	5	4	9	8	14	3	15	15	17
animal models	1	0	1	1	3	2	4	2	2	1	0
other	1	2	0	0	1	1	2	5	4	4	1
TOTAL	**67**	**53**	**62**	**51**	**71**	**92**	**96**	**107**	**181**	**212**	**221**

children were selected for study on the basis of an atypical environment; this included unmistakably adverse situations such as child abuse or neglect, as well as studies of children in residential care, and those whose parents were unusual in some respect (e.g. ethnic minority children; children of unemployed parents, etc.).

Although the proportion of papers based on normal populations has remained remarkably constant over the years, it has become rare for JCPP to publish papers that deal with child development in general; most of the recent papers categorised under "normal" do deal with topics of clinical relevance. This contrasts with the 1960s when several papers appeared that described basic research on cognitive development. There is a modest increase in papers dealing with psychosocial consequences of physical illness, a hitherto neglected topic. A trend in the opposite direction is seen for papers dealing with animal models of disorder; studies of attachment in monkeys constituted a small but regular proportion of JCPP papers during the 1970s but are now virtually never seen.

The complaint is occasionally heard that the number of papers in JCPP dealing with autism is out of all proportion to the frequency and clinical importance of this disorder. Table 1 confirms that this rare disorder continues to consume a relatively high proportion of journal space, but this is a not a progressive trend, as some would believe; the proportion was just as high in 1966-68 as in recent years. Table 1 also highlights areas of relative neglect. Some sparsely represented topics, such as mental handicap and neurological impairment, are well-represented in other specialist journals. However, this is not the case for affective disorders, conduct disorders, emotional disorders and drug abuse, which seem underrepresented in relation to their frequency.

Table 2. Numbers of papers on given topic, in 3 year periods

	1960	1963	1966	1969	1972	1975	1978	1981	1984	1987	1990
cognitive processes	14	7	4	10	16	9	15	13	25	32	37
language/commnctn.	3	3	8	1	4	5	9	14	9	5	5
perception	1	0	0	1	2	3	1	1	2	5	5
learning	1	1	2	1	3	2	2	5	1	2	1
attention	1	1	6	2	1	4	3	6	5	5	13
motor skills	0	2	0	1	2	2	2	5	3	5	5
social	2	2	6	8	8	10	13	10	25	16	16
emotional	16	12	9	6	6	10	9	16	17	25	24
temperament/pers.	3	3	1	0	2	4	4	6	8	11	7
behaviour problems	2	2	10	7	9	12	10	12	23	20	18
vegetative	2	3	0	2	1	2	0	3	3	2	4
physiology	1	0	0	1	1	3	3	1	1	5	2
parental characteristics	4	3	0	0	3	5	5	3	3	6	10
general	16	14	15	11	13	12	19	12	45	32	48
TOTAL	**66**	**53**	**61**	**51**	**71**	**83**	**95**	**107**	**170**	**171**	**195**

Table 2 shows the topics covered for the principal populations represented in JCPP. Mutually exclusive categories were used. *Cognitive processes* covers all papers dealing with intelligence and other aspects of cognitive function not encompassed by subsequent categories. *Motor skills, social, emotional, temperament/personality,* and *parental characteristics* are self-explanatory labels. Note that the code refers to the topic of study rather than the population; e.g. whereas in Table 1 the term "behaviour disorder" was used for studies that concentrated on children who were identified on the basis of having a behaviour disorder, in Table 2, "behaviour problems" describes the type of dependent variable studied; the population could be any of those listed in table 1. *Vegetative* covers papers dealing with aspects of somatic functions, such as eating and sleeping. The category of *general* is used for papers such as those concerned with epidemiology or diagnostic issues, and many types of intervention study, where a wide range of dependent factors is considered. Not all papers were classifiable according to the categories in table 2.

Table 3. Numbers (%s) papers concerned with causal influences

	natural influences		*intervention*		*total papers*
population	N	%	N	%	N
normal	114	38.0	7	2.3	300
general psychiatry/behav. disorders	41	24.1	37	21.8	170
mental handicap	16	27.6	3	5.2	58
specific learning disability	16	24.6	11	16.9	65
ADDH	20	23.8	20	23.8	84
autism	26	21.7	9	7.5	120
conduct disorder	13	22.4	21	36.2	58
emotional/somatic disorder	13	31.7	13	31.7	41
schizophrenia	3	25.0	1	8.3	12
affective	10	30.3	2	6.1	33
obsessive-compulsive	1	7.7	2	15.4	13
eating disorders	4	26.7	6	40.0	15
sleep disorders	0	0	3	60.0	5
enuresis	2	25.0	3	37.5	8
drug abuse	4	50.0	0	0	8
neurological	16	48.5	3	9.1	33
physical illness	9	31.0	2	6.9	29
atypical psychosocial	69	71.1	4	4.1	97

Table 3 shows another classification by population; this time focusing on those papers concerned with causal factors, both naturally occurring and explicitly introduced interventions. Intervention in the "normal" category corresponds to studies on prevention or effects of education.

Table 4 documents patterns of research on influences on disorder in more detail for the more commonly represented conditions. Mutually exclusive categories were again employed. Most of these are self-explanatory, but the

distinction between *physical environment* and *social environment* was not always easy to draw. In the main, physical environment was used as the default category for papers dealing with topics such as effects of social class, with social environment reserved for those which were specifically considering social interactions as a causal influence. *Family* was used to code papers which were concerned with characteristics of family members (e.g. presence of psychiatric disorder or marital status), but excluded those that were concerned with social interactions between family members, which were coded under social environment. *Specific influences* was a general category for papers dealing with atypical environments, e.g. effects of disasters. Intervention studies were subdivided into those using drug therapies and the remainder.

Table 4 reveals some interesting trends. JCPP has published remarkably little research on biological causes of emotional and conduct disorders. In contrast, there is strong representation of biologically oriented studies of autism and specific learning difficulties and ADDH. Most studies concerned with factors influencing normal development concentrate on environmental influences, especially social and family factors. Although conduct and emotional disorders are not strongly represented overall in JCPP (see table 1), a high proportion of

Table 4.
Numbers of papers dealing with particular influences, by population

	normal	gen	MH	LD+	aut	con	emo	neur	ill	atyp
etiology										
general etiology	1	2	1	2	0	0	1	1	0	2
nongenetic biological	4	3	1	9	13	0	1	11	1	4
genetic	3	4	0	10	3	0	0	0	0	1
physical environment	15	5	1	1	1	0	0	1	0	5
social environment	38	8	2	5	1	4	4	2	0	30
family	37	13	10	8	8	8	4	1	5	24
specific influences	16	6	1	1	0	1	3	0	3	3
intervention										
drug intervention	0	3	0	18	2	1	0	0	0	0
other intervention	7	34	3	13	7	20	13	3	2	4
N papers on influences	121	78	19	67	35	34	26	19	11	73
total N papers	300	170	58	149	120	58	41	33	29	97

KEY: gen: general psychiatry; MH: mental handicap; LD+: specific learning disability and ADDH; con: conduct and behaviour disorder; emo: emotional and affective disorder; neur: neurological; ill: physical illness; atyp: atypical psychosocial

the papers on these topics are concerned with intervention. Most papers concerned with intervention deal with non-pharmacological treatments; the majority of papers dealing with drug treatments are concerned with ADDH.

Classification of papers by type

Experimental studies were defined as those in which the impact of some experimental manipulation, independently controlled by the investigator, was investigated; this included controlled treatment trials. *Cross-sectional* studies correspond to quasi-experimental designs, where the investigator does not have control over the variable of interest but investigates its effects by comparing two or more pre-existing groups who differ on this variable; most studies comparing a clinical group with a control group would be classified here. *Developmental* studies are those where the interest is in comparing performance at different ages. *Follow-up* encompasses all longitudinal studies. *Correlational* studies are those in which relationships between groups of variables are considered; excluding all papers which could be classified under one of the earlier headings. *Epidemiological* studies are those concerned with documenting the prevalence of disorders in specific populations and *methodological* studies have as their main focus the demonstration of the reliability or validity of specific procedures. *Case studies* are subdivided into *psychoanalytic* and *other*; many of the latter were single case design studies of behaviour modification procedures. *Descriptive* studies were those describing specific disorders or treatment approaches without any research component. *Review* papers include both literature reviews and historical accounts. *Debate* encompasses primarily those papers that were previously classified as "Technical Notes", a section which is now superseded by the "Debate and Argument" section; most of these papers were written in response to an earlier JCPP piece, but in some cases they offered a critique of a current method or concept in the field.

Table 5 shows the numbers of papers falling in these categories, excluding Annotations (introduced in 1975, typically one or two per issue) and Annual Research Reviews (introduced in 1990, comprising a single issue of the journal containing six or seven papers). These are intended as brief updates in a field and longer reviews of recent research developments respectively, and are nearly always commissioned.

The most notable trends shown in table 5 are the marked declines in case studies and descriptive papers. Psychoanalytic case studies made an occasional appearance in JCPP in the 1960s but had completely disappeared by the 1970s. Other types of case study occasionally are seen but are now extremely rare. Overall, the trend reflects the emergence of JCPP as a solidly research-based journal, in which methodological adequacy is an important criterion for publication.

Table 5. Numbers of papers by type, in 3 year periods

	1960	1963	1966	1969	1972	1975	1978	1981	1984	1987	1990
regular articles											
experimental	2	3	6	7	7	12	11	6	23	17	20
cross-sectional	5	6	10	10	13	15	19	38	36	47	49
developmental	6	2	2	3	4	4	2	4	5	1	4
follow-up	2	3	2	1	4	2	8	7	13	14	20
correlational	6	4	1	10	8	11	14	10	23	32	39
epidemiological	0	2	2	0	3	7	5	2	8	14	4
methodological	1	2	5	4	8	7	11	8	11	27	27
psychoanalytic case	3	4	1	0	0	0	0	0	1	0	0
other case study	18	13	18	3	8	4	6	3	8	7	3
descriptive	15	9	10	7	8	5	2	3	7	6	3
review	7	2	5	4	6	6	3	11	17	7	6
debate	2	3	0	2	2	1	0	1	6	6	7
total	**67**	**53**	**62**	**51**	**71**	**74**	**81**	**93**	**158**	**178**	**182**
commissioned articles											
annotation	0	0	0	0	0	18	15	14	22	34	19
annual research review	0	0	0	0	0	0	0	0	0	0	20

Reference

Irvine, J., Martin, B., Peacock, T. & Turner, R. (1985). Charting the decline in British science. *Nature*, **316**, 587-590.

Dorothy Bishop

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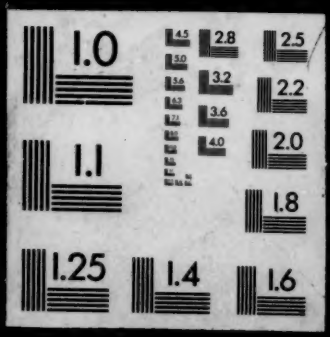
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